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er the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. AUG 1 6 **Application Number** TRADE 10/616,900 Filing Date TRANSMITTAL July 9, 2003 First Named Inventor **FORM** Sudduth-Klinger, J. et al. Art Unit 1631 **Examiner Name** Carolyn Smith (to be used for all correspondence after initial filing) Attorney Docket Number PP15805.004 (2300-15805CON) Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) **√** Petition Amendment/Reply Petition to Convert to a **Proprietary Information** After Final **Provisional Application** Power of Attorney, Revocation Status Letter Change of Correspondence Address Affidavits/declaration(s) Other Enclosure(s) (please Identify **Terminal Disclaimer** below): **Extension of Time Request** Check in the amount of \$2160.00 Request for Refund **Express Abandonment Request** Return receipt post card CD, Number of CD(s) Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Novartis Vaccines and Diagnostics, Inc., formerly Chicon Corporation Signature Printed name Julia R. Rosenthal Date Reg. No. 54,410 August 16, 2006

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Effective on 12/08/2004.		Complete if Known		
Fees pur Spant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		10/616,900		
FEE TRANSMITTAL	Filing Date	July 9, 2003	003	
For FY 2005	First Named Inventor	Sudduth-Klinger, J. et a		
Examiner Name		Carolyn Smith		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit 1631			
TOTAL AMOUNT OF PAYMENT (\$) 2160.00	Attorney Docket No.	y Docket No. PP15805.004 (2300-15805CON)		
METHOD OF PAYMENT (check all that apply)				
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):				
Deposit Account Deposit Account Number: 03-1664 Deposit Account Name: Chiron Corporation				
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FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEAR	CH FEES EXA	MINATION FEES		
Small Entity	Small Entity	Small Entity	Food Boild (\$)	
Application Type Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500		- 100 (v)	Fees Paid (\$)	
1	250 20	_		
Design 200 100 100	50 13			
Plant 200 100 300	150 16			
Reissue 300 150 500	250 60	_	<u>i</u>	
Provisional 200 100 0	0	0 0 <u> </u>	I Entity	
2. EXCESS CLAIM FEES Fee Description			e (\$)	
Each claim over 20 (including Reissues)			25	
Each independent claim over 3 (including Reissues)			100	
Multiple dependent claims	360 180 Paid (\$) Multiple Dependent Claims			
	• Paid (\$) 0		Fee Paid (\$)	
- 20 or HP = X = HP = highest number of total claims paid for, if greater than 20.		<u>1.00 (4)</u> ï	00 F alu 197	
	Paid (\$)			
—————————————————————————————————————				
3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50				
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets				
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)				
Other (e.g., late filing surcharge): Extension for response within fifth month 2160.00			2160.00	
SUBMITTED BY				
Signature Luar Ro Sonta	Registration No. 54,410 Telephone 510-923-3949			
Name (Print/Type) Julia R. Rosenthal	Date August 16, 2006			

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